

Mystery Island Registration Form

Student's Name: First; _____ Last; _____

Boy ___ Girl ___ Birthdate ___ / ___ / ___ Preschool Age ___ (or) Grade Completed ___

Address _____

City _____ State _____ Zip Code _____

Parent(s)/Guardian _____ Email _____

Home Phone# _____ Work Phone# _____ Cell Phone # _____

Emergency Contact _____ Relationship to Student _____

Emergency Contact Phone Number _____ Home Church _____

Food Allergies Y ___ N ___ Explain _____

Medical Concerns Y ___ N ___ Explain _____

For Staff Use Only

5 points each Day possible	Monday	Tuesday	Wednesday	Thursday	Friday
Attendance					
Theme	<i>Tracking Down the One True God</i>				
Bring a Friend					

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